

1. CIR./DIST./ DIV. CODE <b>EDNY</b>	2. PERSON REPRESENTED <b>Clint Calero</b>	VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER <b>15-780M</b>	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) <b>USA V. Calero et al</b>	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee Other	10. REPRESENTATION TYPE (See Instructions) <b>CC</b>

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title &amp; Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.

18 USC 371

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS  <b>JAMES ROTH 299 BROADWAY SUITE 800 NEW YORK, NY 10007</b> Telephone Number: <b>212-619-4240</b>	13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney  Prior Attorney's _____ Appointment Dates: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel and because _____ whose name _____ <input type="checkbox"/> C _____ — _____
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)	8/25/15 Date of Order Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO 8/25/15 Nunc Pro Tunc Date

CLAIM FOR SERVICES AND EXPENSES		FOR COURT USE ONLY			
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT
<b>In</b>	a. Arraignment and/or Plea				
	b. Bail and Detention Hearings				
	c. Motion Hearings				
	d. Trial				
	e. Sentencing Hearings				
	f. Revocation Hearings				
	g. Appeals Court				
	h. Other (Specify on additional sheets)				
(RATE PER HOUR = \$ )	<b>TOTALS:</b>				
<b>Out of</b>	a. Interviews and Conferences				
	b. Obtaining and reviewing records				
	c. Legal research and brief writing				
	d. Travel time				
	e. Investigative and other work (Specify on additional sheets)				
	(RATE PER HOUR = \$ )	<b>TOTALS:</b>			
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
<b>GRAND TOTALS (CLAIMED AND ADJUSTED)</b>					

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE

20. APPOINTMENT TERMINATION DATE  
IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22. CLAIM STATUS  Final Payment  Interim Payment Number Supplemental PaymentIf yes, were you paid?  YES  NOHave you previously applied to the court for compensation and/or reimbursement for this  
Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this  
representation?  YES  NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney \_\_\_\_\_

Date \_\_\_\_\_

APPROVED FOR PAYMENT COURTS USE ONLY			
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE
			34a. JUDGE CODE
			27. TOTAL AMT. APPR./CERT.
			28a. JUDGE/MAG. JUDGE CODE
			33. TOTAL AMT. APPROVED